

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

JUN 03 1983

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Bert Heil  
Von Weise Gear Company  
9353 Watson Ind. Park  
Crestwood, Missouri 63126

RE: MOD006309371

Dear Mr. Heil:



R00183939

RCRA RECORDS CENTER

LETTER OF WARNING

If your facility was operating under a Resource Conservation and Recovery Act (RCRA) identification number during 1981, you were required by 40 CFR Parts 262.41 and 264.75 to complete an annual report covering your activities in hazardous waste management for that year, and to file that report with this office. The deadline for filing was January 10, 1983. In subsequent years, the report will be submitted biennially by March 1.

Our records show that in 1981 this facility was registered as a generator, and that we did not receive an annual report from you. In order for you to be in compliance with these Federal regulations, you must submit your 1981 annual report, non-regulated status schedule or other explanation of your 1981 hazardous waste activities within 15 days from receipt of this letter. We have enclosed the necessary forms and instructions.

If your status changed after 1981, you must still respond relative to your status during 1981.

While you are preparing your annual report, you may wish to consider whether your current registration status in the program is correct, in that it reflects your present waste management practices. Please review your records, and if you wish to change your status, complete and return the enclosed notification.

ARWM:WMBR:SPRS:B.HARRIS:jp:x6534-5/2/83

CONCURRENCES							
SYMBOL	SPRS	SPRS	AWCM	WMBR	ARWM	ARWM	
SURNAME	HARRIS	CULVER	MCLAUGHLIN	MORBY	SPRATLIN	WAGONER	
DATE			5/31	6/1/83			



Failure to submit the annual report for your facility in 1981 within 15 days of receipt of this Letter of Warning may result in more formal enforcement action and substantial penalties. A return envelope is enclosed for your convenience.

If you have any questions about this, or about the annual report, please call Mrs. Betti Harris of my staff at 816-374-6534.

Please give this matter your immediate attention.

Sincerely yours,

David A. Wagoner  
Director, Air and Waste Management Division

Enclosures

cc: David Bedan, Director  
Waste Management Program, MDNR

bcc: Mike Sanderson, AWCM



- **SENDER:** Complete items 1, 2, 3, and 4.  
and your address in the "RETURN TO" space  
on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).

☒ Show to whom and date delivered ..... —

☐ Show to whom, date, and address of delivery.. —

2. ☐ **RESTRICTED DELIVERY** —

(The restricted delivery fee is charged in addition to  
the return receipt fee.)

**TOTAL** \$ —

3. **ARTICLE ADDRESSED TO:**

Bert Heil  
Von Weise Gear Company  
9353 Watson Ind. Park  
Crestwood, MO. 63126

4. **TYPE OF SERVICE:**

☐ REGISTERED ☐ INSURED

☒ CERTIFIED ☐ COD

☐ EXPRESS MAIL

**ARTICLE NUMBER**

P 495  
134 159

(Always obtain signature of addressee or agent)

I have received the article described above.

**SIGNATURE** ☐ Addressee ☐ Authorized agent

Roberta Smith

5. **DATE OF DELIVERY**

6/6/83

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S  
INITIALS**



**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300**



**RETURN  
TO**



U.S. EPA-Waste Management Branch  
324 East 11th Street  
K. C., MO 64106

(Name of Sender)

(Street or P.O. Box)

*Attn: B. HARRIS*

(City, State, and ZIP Code)

P 495 134 159

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

*(See Reverse)*

Sent to Bert Hehl von Weise Gear Co.	
Street and No. 9353 Watson Ind. Park	
P.O., State and ZIP Code Crestwood, Mo. 63126	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
<b>TOTAL Postage and Fees</b>	<b>\$</b>
Postmark or Date	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.